POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	ELIGIBILITY			
1	FAMILY PLANNING INITIATIVE	\$440,681,000	\$308,273,400	\$132,407,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$131,956,000	\$69,989,400	\$61,966,600
3	CHDP GATEWAY - PREENROLLMENT	\$18,678,000	\$12,140,700	\$6,537,300
4	BRIDGE TO HFP	\$18,908,000	\$12,290,200	\$6,617,800
5	REFUGEES	\$6,442,000	\$0	\$6,442,000
6	PE FOR HFP DISENROLLEES	\$5,166,080	\$2,583,040	\$2,583,040
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP (\$928,950	\$464,480	\$464,470
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
9	BCCTP RETROACTIVE COVERAGE	\$7,820	\$5,090	\$2,740
10	SB 437 - SELF-CERTIFICATION	\$22,848,710	\$11,424,360	\$11,424,360
13	STATE-FUNDED KINGAP	\$0	-\$35,000	\$35,000
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	-\$129,893,000	\$129,893,000
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$34,656,450	-\$34,656,450
145	REINSTATE QUARTERLY STATUS REPORTS FOR PA	-\$17,247,000	-\$8,623,500	-\$8,623,500
146	REDUCE CEC AND RESTORE QUARTERLY STATUS F	-\$167,063,360	-\$83,531,680	-\$83,531,680
	ELIGIBILITY SUBTOTAL	\$462,806,200	\$230,493,930	\$232,312,280
	BENEFITS			
18	ADULT DAY HEALTH CARE - CDA	\$407,265,000	\$203,632,500	\$203,632,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$175,000,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
21	HUMAN PAPILLOMAVIRUS VACCINE	\$4,796,130	\$2,398,070	\$2,398,070
22	PRENATAL SCREENING EXPANSION	\$418,380	\$209,190	\$209,190
23	HOME TOCOLYTIC THERAPY	\$4,299,060	\$2,149,530	\$2,149,530
24	CONLAN V. BONTA	\$3,896,000	\$1,948,000	\$1,948,000
25	NEWBORN HEARING SCREENS EXPANSION	\$2,572,180	\$1,286,090	\$1,286,090
26	GENETIC DISEASE TESTING FEE INCREASE	\$141,080	\$70,540	\$70,540
27	NF A/B LEVEL OF CARE GROWTH	\$3,120,000	\$1,560,000	\$1,560,000
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$7,175,000	\$7,175,000	\$0
29	MONEY FOLLOWS THE PERSON DEMONSTRATION (\$4,063,000	\$2,985,500	\$1,077,500
30	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$32,240	\$16,120	\$16,120
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,056,500	\$4,056,500
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,500,000	\$2,500,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$114,651,750	-\$114,651,750
34	MONEY FOLLOWS THE PERSON DEMONSTRATION S	-\$4,182,000	-\$2,091,000	-\$2,091,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	\$201,000	\$100,500	\$100,500
36	ADULT DAY HEALTH CARE REFORMS	-\$9,544,080	-\$4,772,040	-\$4,772,040
136	UNSPECIFIED BUDGET REDUCTION	-\$644,900,000	-\$313,000,000	-\$331,900,000
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	-\$900,000	-\$450,000	-\$450,000

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OLICY IG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	BENEFITS			
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	-\$757,120	-\$378,560	-\$378,560
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	-\$5,679,740	-\$2,839,870	-\$2,839,870
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	-\$502,660	-\$251,330	-\$251,330
150	DISCONTINUE ADULT PODIATRY SERVICES	-\$3,383,300	-\$1,691,650	-\$1,691,650
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST S	-\$2,070,000	-\$1,035,000	-\$1,035,000
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVI	-\$12,319,100	-\$6,159,550	-\$6,159,550
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	-\$3,100,000	-\$1,550,000	-\$1,550,000
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	-\$229,900,000	-\$114,950,000	-\$114,950,000
	BENEFITS SUBTOTAL	-\$253,742,930	\$82,715,290	-\$336,458,220
	PHARMACY			
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$1,327,500	\$1,327,500
38	NON FFP DRUGS	\$0	-\$487,000	\$487,000
39	ENTERAL NUTRITION PRODUCTS	-\$9,879,680	-\$4,939,840	-\$4,939,840
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$4,478,350	-\$2,239,170	-\$2,239,170
41	MEDICAL SUPPLY CONTRACTING	-\$6,019,300	-\$3,009,650	-\$3,009,650
42	MEDICAL SUPPLY REBATES	-\$5,500,000	-\$2,750,000	-\$2,750,000
43	DRUG REIMBURSEMENT REDUCTION	-\$4,668,500	-\$2,334,250	-\$2,334,250
44	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,514,000	-\$4,486,000
45	FAMILY PACT DRUG REBATES	-\$34,047,000	-\$20,279,400	-\$13,767,600
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,250,400	-\$19,749,600
47	STATE SUPPLEMENTAL DRUG REBATES	-\$355,081,000	-\$178,092,900	-\$176,988,100
48	FEDERAL DRUG REBATE PROGRAM	-\$747,629,000	-\$374,977,700	-\$372,651,300
153	DISCONTINUE ADULT INCONTINENCE CREAMS & W/	-\$9,370,000	-\$4,685,000	-\$4,685,000
	PHARMACY SUBTOTAL	-\$1,225,672,830	-\$619,886,820	-\$605,786,010
	MANAGED CARE			
54	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$86,816,000	\$43,408,000	\$43,408,000
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$2,606,000	\$1,303,000	\$1,303,000
58	MANAGED CARE EXPANSION - MARIN	\$2,146,000	\$1,073,000	\$1,073,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$6,493,000	\$3,246,500	\$3,246,500
62	MANAGED CARE EXPANSION - PLACER	\$280,000	\$140,000	\$140,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
67	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	\$0
162	REDUCTION TO MULTIPURPOSE SENIOR SERVICES	-\$5,052,000	-\$2,526,000	-\$2,526,000
	MANAGED CARE SUBTOTAL	\$101,289,000	\$50,644,500	\$50,644,500
	PROVIDER RATES			
68	NF-B RATE CHANGES AND QA FEE	\$186,384,350	\$93,192,180	\$93,192,180
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$5,254,190	\$2,627,090	\$2,627,090

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POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	PROVIDER RATES			
70	LTC RATE ADJUSTMENT	\$58,581,960	\$29,290,980	\$29,290,980
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$47,182,800	\$23,591,400	\$23,591,400
72	HOSPICE RATE INCREASES	\$14,837,060	\$7,418,530	\$7,418,530
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$8,846,460	\$4,423,230	\$4,423,230
74	DME REIMBURSEMENT CHANGES	\$1,246,710	\$623,350	\$623,350
137	FAMILY PLANNING RATE INCREASE	\$126,796,000	\$93,176,300	\$33,619,700
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	-\$1,212,000,000	-\$609,600,000	-\$602,400,000
151	REDUCTION TO LTC PROVIDER PAYMENTS BY 10%	-\$113,502,740	-\$56,751,370	-\$56,751,370
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	-\$60,065,690	-\$30,032,840	-\$30,032,840
	PROVIDER RATES SUBTOTAL	-\$936,438,910	-\$442,041,150	-\$494,397,760
	HOSPITAL FINANCING			
75	HOSP FINANCING - DSH PMT	\$1,617,708,000	\$1,032,579,500	\$585,128,500
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$477,742,000	\$238,871,000	\$238,871,000
77	HOSP FINANCING - SAFETY NET CARE POOL	\$407,821,000	\$407,821,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$274,386,000	\$137,193,000	\$137,193,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAI	\$86,788,000	\$86,788,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$180,000,000	\$180,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$24,200,000	\$12,100,000	\$12,100,000
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$98,975,000	\$98,975,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,624,000	\$14,812,000	\$14,812,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$21,606,000	\$21,606,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$26,000,000	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$48,291,000	\$24,145,500	\$24,145,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
88	HOSP FINANCING - MIA LTC	\$0	\$18,450,000	-\$18,450,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$488,429,500	-\$488,429,500
152	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	-\$7,750,000	\$0	-\$7,750,000
159	REDUCTION TO PRIVATE AND NDPH DSH PAYMENT	-\$47,300,000	-\$23,300,000	-\$24,000,000
	HOSPITAL FINANCING SUBTOTAL	\$3,241,891,000	\$2,766,370,500	\$475,520,500
	SUPPLEMENTAL PMNTS.			
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$103,854,000	\$52,927,000	\$50,927,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$130,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
95	FREESTANDING CLINICS & VETERANS' HOMES SUPI	\$65,000,000	\$65,000,000	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$22,265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$39,700,000	\$39,700,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000

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POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	SUPPLEMENTAL PMNTS.			
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$501,084,000	\$368,892,000	\$132,192,000
	OTHER			
111	HEALTHY FAMILIES - CDMH	\$28,071,000	\$28,071,000	\$0
115	MINOR CONSENT SETTLEMENT	\$8,728,000	\$0	\$8,728,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
121	ESTATE RECOVERY REGULATIONS	\$0	\$0	\$0
122	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	\$6,000,000	-\$6,000,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
126	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$52,000,000	\$52,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0
129	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$29,929,390	-\$14,964,690	-\$14,964,690
130	MEDICAL SUPPORT ENHANCEMENTS	-\$2,005,390	-\$1,002,700	-\$1,002,700
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2	-\$1,986,000	-\$993,000	-\$993,000
133	EDS COST CONTAINMENT PROJECTS	-\$2,680,510	-\$1,340,260	-\$1,340,260
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$51,116,630	-\$25,558,320	-\$25,558,320
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- (\$44,000,000	\$44,000,000	\$0
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$100,200,000	-\$50,100,000	-\$50,100,000
160	REDUCTION TO PERSONAL CARE SERVICES (MISC.	-\$201,579,000	-\$201,579,000	\$0
161	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-C	-\$6,063,000	-\$6,063,000	\$0
163	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC	-\$7,258,000	-\$7,258,000	\$0
164	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	-\$95,221,000	-\$95,221,000	\$0
	OTHER SUBTOTAL	-\$416,239,920	-\$390,008,960	-\$26,230,960
	GRAND TOTAL	\$1,474,975,620	\$2,047,179,280	-\$572,203,670